Tracy Unified School District

1875 W. Lowell Avenue - Tracy CA, 95376

Classified Time Sheet - Substitute and Extra Services

Time sheet due to Site/Dept. for processing each 16th of the month; The Site/Dept. will submit to Finance on or before the 20th of each month.

Name of Employee_____ **ID #** _____

Print Name

Payroll Period: From Month _____/16/20_____ To Month_____/15/20_____

☐**clerical(site)** ☐**clerical (department)** ☐**custodial/maintenance** ☐**grounds** ☐**security** ☐**bus driver**
☐**warehouse** ☐**para-educator** ☐ **library tech** ☐**supervision** ☐**day care** ☐**translator** ☐**re-class** ☐**Other**

Date	Hours Work Performed (8am-5pm)	Total Hours Worked	Date	Hours Work Performed (8am-5pm)	Total Hours Worked	Date	Hours Work Performed (8am-5pm)	Total Hours Worked
16			27			7		
17			28			8		
18			29			9		
19			30			10		
20			31			11		
21			1			12		
22			2			13		
23			3			14		
24			4			15		
25			5					
26			6				Grand Total of Hours	

Employee Signature:_____ **Date:**_____

SITE OR DEPARTMENT PLEASE CHECK THE APPROPRIATE BOXES-FILL OUT COMPLETELY

Site/Department: _____**Funding Source:** _____ **Type of Service:** ☐**substitute** ☐ **re-class**
Substituted for: _____**(Current employee) Position Title:** _____

☐ sub para-special ed: 01-6500-0-5770-1110-2105-806-2542
CIRCLE ONE: 1:1 PARA / CLASSROOM PARA
☐ sub supervision: 01-0000-0-1110-2490-2905-806-8101
☐ sub clerical-sites: 01-0000-0-1110-2700-2405-806-8101
☐ sub library techs: 01-1100-0-1110-2420-2205-806-8101
☐ sub security: 01-0000-0-1110-8300-2205-806-8101

☐ sub para ed: 01-_____-0-1110-1000-2105-_____-_____
☐ translator: 01-_____-0-1110-2495-2207-_____-_____
☐ sub clerical-dept./district offices: 01-0000-0-0000-7600-2405-806-8101
☐ sub custodial/utility: 01-0000-0-1110-8200-2205-806-8101
☐ sub maintenance/grounds: 01-8150-0-0000-8110-2205-806-8101

☐ extra services utility/security/alarm **NOT OVERTIME:** 01-0000-0-1110-8300-2207-806-9031
☐ extra hrs. bus driver: Home to school _____% 01-0723-0-1110-3600-2207-806-9702 Spec Educ.____% 01-0724-0-5001-3600-2207-806-9702
☐ sub bus driver: Home to School____% 01-0723-0-1110-3600-2205-806-9702 Spec.ed_____% 01-0724-0-5001-3600-2205-806-9702

☐ **Extra Services:** _____**Reason for services**
Site/categorical funding: _____**Account code to be charged**
☐ **Vacant position**_____ **Title of position Position #**_____
Vacant position account code: _____
Name of former employee:_____**(Contact Payroll Specialist-Finance for account code)**

Approval: _____ _____
Site/Department Signature **Date** **Budget Manager Signature** **Date**

PAYROLL USE ONLY

_____Hrs. @ _____ $_____ Total Paid:_____

_____Hrs. @ _____ $_____ Date Paid:_____